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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	265/282
	First Named Inventor	Tim E. Ward & Mark Mallaby
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	
Group Art Unit		
Examiner Name		

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ECHOGENIC SURFACE FOR ENHANCED ULTRASONIC VISIBILITY

the specification of which *(Title of the Invention)*

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
NONE			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION — Utility or Design Patent Application

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22249

OR Correspondence address below

PATENT TRADEMARK OFFICE

David E. Wang, Esq.

Name

Lyon & Lyon LLP

633 West Fifth Street, Forty-Seventh Floor

Address

Los Angeles
CityCA
State90071-2066
ZIPUSA
Country949-567-2300 or 213-489-1600
Telephone949-567-6600 or 213-955-0440
Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventorGiven Name Tim E.
(first and middle [if any])Family Name Ward
or SurnameInventor's
Signature

Date December 10, 2001

Bedford
Residence: CityIndiana
StateUSA
CountryUSA
Citizenship

RR-0, Box 526, 45 HICKORY HEIGHTS

Mailing Address

Bedford
CityIN
State47421
ZipUSA
CountryNAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventorGiven Name Mark
(first and middle [if any])Family Name Mallaby
or SurnameInventor's
Signature

Date December 10, 2001

Indianapolis
Residence: CityIN
StateUSA
CountryAustralian
Citizenship

7986 Branch Creek Drive

Mailing Address

Indianapolis
CityIN
Stat42628
ZipUSA
C untry Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside the box →

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035
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**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	To Be Assigned
Filing Date	To Be Assigned
First Named Inventor	Tim E. Ward and Mark Mallaby
Group Art Unit	To be Assigned
Examiner Name	To be Assigned
Attorney Docket Number	265/282

I hereby appoint:

Practitioners at Customer Number

22249



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Please direct correspondence to practitioner(s) named below:

Name	Registration Number
David E. Wang	38,358

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Lyon & Lyon LLP				
Address	Suite 4700				
Address	633 West Fifth Street				
City	Los Angeles	State	CA	ZIP	90071-2066
Country	USA				
Telephone	949-567-2300 OR 213-489-1600	Fax	949-567-6600 or 213-944-0440		

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	SCIMED LIFE SYSTEMS, INC.		
Signature	By: 	Name: Albert K. Kau	Title: Patent Counsel
Date	December 10, 2001		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of one form is submitted.

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